## **PRIVACY RELEASE AUTHORIZATION**

I hereby authorize Congressman Leonard Federal Agency on my behalf:	L Boswell or his representative to inquire with the following		
(Name of Federal Agency)			
In addition, I authorize the agency listed to concerning my request for assistance.	release information to Congressman Boswell or his staff		
Signature	Date		
PLEASE PRINT THE FOLLOWING INFO	RMATION: (only fill in VA or INS information if applicable)		
Name			
Address			
Daytime Phone	Evening Phone		
Fax Number	Social Security #		
Date of Birth	Place of Birth		
VA Claim Number	Branch of Service Rank		
INS Alien Number	Date Application Filed		
Country of Birth	y of Birth Place/Date of Entry		
Petition or Claim #			
Are you facing a deadline? Yes □	No   If, yes when		
Have you contacted my office before on the	is matter? Yes □ No □ Different Matter □		
Or any other Congressional Office? If so,	whom?		
Is this currently pending before a local, sta	te or federal court? Yes □ No □		
If yes, when?	(over)		

If requesting help on behalf address here:	f of another, give the abo	ve information for that <sub>l</sub>	person. <u>Your</u> name and	
Name	Add	Address		
City/State/Zip		Phone		
Briefly explain the issue in vinformation regarding your		my assistance: (Pleas	e include all relevant	
			-	
- And All And Andrews of the Andrews				
			<del></del>	
Please attach the most received federal agency and any oth The Honorable Leonard L E 515-282-1785. Should you	ner pertinent information r Boswell, 300 East Locust	egarding this case. Ma Street Suite 320, Des	ail the information to: Moines, IA 50309 or fax to	
For office use only: Rec'd by:	Issue □ Ca	sework □ Grant □	Info Request □	
Date rec'd: Assigned : Case #	Referral □ Pro	oject □ Media □	Other □	
Inf/ref #	This form e-mail	led to DC □ Enclosu	Enclosures attached/forwarded □	
	 Open Letter □	Open/Close □	Refer to	